



# Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 **Phone:** (775) 687-0700 **Fax:** (775) 687-0787 **Web:** doi.nv.gov

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## Risk Purchasing Group Annual Renewal Requirements

**Pursuant to NRS 695E.120 - 135, NRS 680B.010.36 - 37 and 680C.100 – 110**, a risk purchasing group shall file on or before March 1 the following information, postmarked by March 1:

- ☐ A written notice of intention to continue doing business in Nevada; and
- ☐ The renewal fee and the Fund for Administration and Enforcement assessment fee. Invoices will be mailed in January.

**Mail payment with invoice and letter of intent:**

Nevada Division of Insurance  
ATTN: Corporate and Financial Affairs Section  
1818 East College Pkwy, Suite 103  
Carson City, NV 89706

**OR**

**To withdraw** - a risk purchasing group shall file on or before March 1 the following information, postmarked by March 1:

- ☐ A written withdrawal notice to discontinue doing business in Nevada, stating the last date of business in Nevada, submitted on company letterhead;
- ☐ A completed form NDOI 426 (see 2<sup>nd</sup> page); and
- ☐ The unpaid invoice for the renewal fee and Fund for Administration and Enforcement assessment fee.

**Mail withdrawal letter and unpaid invoice:**

Nevada Division of Insurance  
Corporate and Financial Affairs Section  
1818 East College Pkwy, Suite 103  
Carson City, NV 89706

**Electronic Payments:** See Bulletin Number 09-001

<http://doi.nv.gov/bulletin.aspx> and <http://doi.nv.gov/sinsur/docs/FundsNotificationFormB.pdf>



Department of Business and Industry

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## NON-DOMESTIC RISK RETENTION GROUP / RISK PURCHASING GROUP CERTIFICATE OR REGISTRATION WITHDRAWAL CHECKLIST

1. Full Company name \_\_\_\_\_ NV ORG ID \_\_\_\_\_  
Original Certificate or Letter of Registration attached? N/A ☐ Yes ☐ No ☐
2. Are there any regulatory actions in process, pending or in effect against the company in any Nevada or other U.S. regulatory jurisdiction? If yes, attach explanation. N/A ☐ Yes ☐ No ☐
3. Is there any business in force or any outstanding claim liabilities, contingent liabilities, or law suits currently existing in Nevada? If yes, attach explanation. N/A ☐ Yes ☐ No ☐
4. Has the business in Nevada been transferred to another before surrendering the registration or certificate of authority? If yes, to whom has it been transferred? \_\_\_\_\_  
Name
5. Are all fees, taxes, state obligations resolved and paid? Yes ☐ No ☐
6. What is the date of cessation of business in Nevada? \_\_\_\_\_  
Date

If there are any explanations, please attach to this Withdrawal Checklist and file with Nevada Division of Insurance.

### Signed:

\_\_\_\_\_  
Representative Signature  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Representative Name

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Phone